



State of Connecticut Office of Health Care Access

Form 2010 Instructions: Application for Exemption from the CON Process

Exemption from the CON Process

All persons who are requesting an exemption from the Certificate of Need (CON) process under the requirements of Connecticut General Statutes (C.G.S.), Sections 19a-639(d), 19a-639(e), 19a-639b, and 17a-678 must complete Form 2010. This form consists of five sections that should provide the office of Health Care Access (OHCA) with sufficient information to determine if the proposal meets the requirements for exemption from the CON process. In some cases, additional information may be required. The five sections are:

- Section I APPLICANT INFORMATION
- Section II GENERAL PROPOSAL INFORMATION
- Section III EXPENDITURE INFORMATION
- Section IV EXEMPTION INFORMATION
- Section V AFFIDAVIT

All portions of Sections I-V **must be completed**. If any portion is incomplete, the application will be returned to you for completion. OHCA recognizes that some of the information requested might not be pertinent to your proposal. If this is the case, please indicate that the question is "Not Applicable."

Section IV

- Section 19a-639(e), C.G.S., school-based clinic exemption, should only be completed if the Applicant *does not* meet the exemption specified in Section 19a-639a, C.G.S.*
- In order to be eligible for the exemption from the CON process, the Applicant must meet each of the requirements for the appropriate exemption.

* Section 19a-639a, C.G.S. states in part, that the provisions of Sections 19a-638 and 19a-639, C.G.S. shall not apply to an outpatient clinic or program operated exclusively by, or contracted to be operated exclusively for, a municipality or municipal agency, a health district, or a board of education.

OHCA requires an original and five copies of your completed Form 2010. All pages must be consecutively numbered. Please submit the completed Form 2010, Application for Exemption from the CON Process to:

Cristine A. Vogel, Commissioner
Office of Health Care Access
410 Capitol Avenue, MS#13 HCA
P.O. Box 340308
Hartford, CT 06134-0308

If you have any questions concerning this form, please contact Kimberly Martone at (860) 418-7001.